



Community Action and Human Services Department Senior Companion Program Application

2525 NW 62nd Street 4th Floor
Phone#: (305) 514-6125

Miami, FL 33147
Fax#: (305) 514-6156

Last Name: First Name:

Address: City: State: Zip Code:

Gender: Male Female Marital Status Married Widowed Single Divorced

Telephone No.: Social Security No.:

Medicare No.: Medicaid No.:

Age: Birth Date: Birth Place:

Highest Level of Education: Languages Spoken:

Previous Occupations:

Ethnicity:

Physical Condition : Excellent Good Fair Poor

No. of persons living in your home:

Name of Legal Dependents:

Tell us why you wish to become a Senior Companion :

Method of Transportation:

Willing to work: Afternoons Saturdays Sunday

How did you hear about our program?:

List Hobbies & Special Skills:

Emergency Contact information

Name: Address: Phone# Relation to Applicant:

Two Character References (Not Relatives)

1) Name: Phone#: Address:
2) Name: Phone#: Address:

Financial Eligibility

Your Annual Income: \$ Total Annual Income of your entire Household: \$

Methods of Income	Yours	Your Spouse	Other Household Members
Social Security Benefits Per Mo. (\$) —————>			
Public Assistance —————>			
Income from Annuities..... —————>			
Rent received from Real Estate (Net Income)			
Interest Received —————>			
Income from Stocks and Bonds —————>			
Income from wages or salary —————>			
Other Income..... —————>			

Certification

I _____, do certify that the above information as stated is correct to the best of my knowledge. I also consent to the Senior Companion Program performing or arranging for a criminal history check in accordance with the Federal requirements for the Senior Companion Program?

Signature Date

For SCP Program Office Use Only
Eligible Not Eligible Annual Income _____

